

Please avoid making any stray marks.

2. Agency/
Provider ID#

3. Classroom ID

Child's Name: _____

Teacher's/Your Name: _____

Your Title: _____
(if not "Teacher")

1. County

- 1 Los Angeles
- 2 Merced
- 3 San Diego
- 4 San Francisco
- 5 San Joaquin
- 6 San Mateo
- 7 Santa Clara
- 8 Ventura
- 9 Yolo

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

4. Child's ID (Align right, start from gray area - no spaces)

[illegible]

5. DRAFT

DRAFT

- ① July 2007 - June 2008
- ② July 2008 - June 2009
- ③ July 2009 - June 2010

6. REPORT PERIOD

- ① Report 1 - Fall
- ② Report 2 - Winter
- ③ Report 3 - Spring

7. Assessment Report Date (mm/dd/yyyy)

[illegible]

8. Did another adult assist you with this evaluation?

- ☐ No
☐ Yes - Other Staff Person
☐ Yes - Parent
☐ Yes - Other Adult

9. Does this child have an IEP or IFSP?
If yes, select the area of disability.

- | | | |
|-----------------|--------|-----------------|
| (Y) Yes | -----> | (M) Multiple |
| (N) No | | (NS) Non-Speech |
| (DK) Don't Know | | (S) Speech |
| | | (D) Don't Know |

10. How many hours per week is this child in your care?

- ① Home Base
- ② 9 or less
- ③ 10 to 20
- ④ 21 to 30
- ⑤ 31 to 40
- ⑥ More than 40

11. What languages do you speak with this child?

- 1 English (only)
- 2 Spanish (only)
- 3 English and Spanish
- 4 English and Other
- 5 Spanish and Other
- 6 English, Spanish and Other
- 7 Other

11a. For all "Other" language responses, specify: _____

12. If you do not speak the child's home language, did anyone assist you who does speak it?

- ☐ No
☐ Yes, staff assisted
☐ Yes, other adult assisted
☐ N/A, I speak the child's home language

13. Child's or Classroom's Primary Funding Source (optional).

- ☐ 1 Head Start
☐ 2 State Preschool
☐ 3 Title 1
☐ 4 First 5
☐ 5 School District
☐ 6 Private Provider
☐ 7 Other (specify)

U = Not Observed - Unable to Rate Child or IEP / IFSP Not Applicable
N = Not Yet Exploring - Child Has Not Reached First Level
E = Exploring - First Level
D = Developing - Second Level
B = Building - Third Level
I = Integrating - Fourth (Highest) Level

(Note: "M" ONLY VALID FOR : **N**, **E**, **D**, and **B** descriptors)

	U	N	E	D	B	I	M
1. SELF	U	N	E	D	B	I	M
2. SELF	U	N	E	D	B	I	M
3. SOC	U	N	E	D	B	I	M
4. SOC	U	N	E	D	B	I	M
5. SOC	U	N	E	D	B	I	M
6. SOC	U	N	E	D	B	I	M
7. SOC	U	N	E	D	B	I	M
8. SOC	U	N	E	D	B	I	M
9. REG	U	N	E	D	B	I	M
10. REG	U	N	E	D	B	I	M
11. REG	U	N	E	D	B	I	M
12. LANG	U	N	E	D	B	I	M
13. LANG	U	N	E	D	B	I	M
14. LANG	U	N	E	D	B	I	M
15. LANG	U	N	E	D	B	I	M
ELL-1	U	N	E	D	B	I	M
ELL-2	U	N	E	D	B	I	M
16. LRN	U	N	E	D	B	I	M
17. LRN	U	N	E	D	B	I	M
18. COG	U	N	E	D	B	I	M
19. COG	U	N	E	D	B	I	M

	U	N	E	D	B	I	M
20. COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. COG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
24. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
26. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. MATH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
29. LIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
30. LIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
31. LIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
32. LIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
33. LIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
34. MOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35. MOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
36. MOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37. SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38. SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
39. SH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>